

HEARTS N' PARKS: 1ST P—PEOPLE

The common element of every human service agency, and the starting point for all services developed for the public, is people. Because Hearts N' Parks is about making life better for people and helping them to make better decisions about their health, it is an absolute necessity that the first P of Hearts N' Parks is people.

Every member of the community has the potential for playing a role and being involved with Hearts N' Parks. It is important to target a variety of people who can help support the overall goals of Hearts N' Parks and help make heart-healthy behavior a way of life in your community. There are essentially two groups of people important to this project. Some individuals and groups will serve as part of the support and delivery system for Hearts N' Parks. Other people will be participants of the program.

SUPPORT SYSTEMS FOR HEARTS N' PARKS

To start your Hearts N' Parks initiative, you will need the help of many people.

Groups of people whose support you will find helpful include:

Decision-Makers	Agency managers Board members Elected officials
Staff	Full- and part-time Support- and front-line Volunteers
Media	Those employed by local media outlets
Partners	Individuals and other community organizations

Participants

Individuals involved in your programs and activities

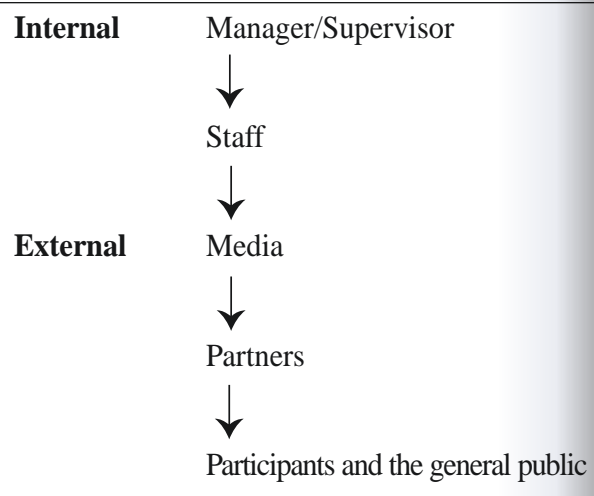
General Public

Everyone else in the community

In order to gain community support, we need to let all of these groups know:

- Why Hearts N' Parks is important for the community
- The relationship of park, recreation, and leisure activities to a healthier lifestyle
- How these groups can help and/or become involved.

You need to start internally, moving from decision-makers to staff whose help you will need in providing the services. Then you can work on getting external support for the project.



DEPARTMENT STAFF

High on the list is the staff of your department. There are many ways you can help staff become engaged in this community-wide initiative:

- Orienting staff to Hearts N' Parks so they know the specific facts about CVD and heart-healthy behavior, as well as details about the 5Ps of Hearts N' Parks
- Brainstorming and program planning sessions where staff identify ways in which they can bring Hearts N' Parks to participants and the general public
- Training staff in methods to incorporate heart-healthy activities into their programs
- Involving staff in the selection of resources, such as those available from NHLBI and NRPA, to assist them in achieving program goals
- Assisting staff in selecting programs to be used in outcomes assessment efforts
- Training staff about the guidelines and procedures for assessment activities
- Enabling staff to take part in various heart-healthy activities that your department sponsors.

The involvement of department staff in this project is essential. There is a direct link between the needs of targeted groups and the programs and services designed to address these needs.

OTHER SOURCES OF SUPPORT

There are many others who can and will provide support for this program. Two of those groups are the media and community partners. More extensive information about how to involve those two groups is provided later in this guide.

PARTICIPANTS AS TARGET GROUPS

Participants are an important target group to involve early. Participants differ from one another on a number of factors. These factors include:

- Relationship with department
- Participation in heart-healthy activities
- Stage of change status for heart-healthy behavior.

These factors indicate various target groups. On the basis of the relationship with your department, some people can be considered casual participants not having a formal or regular relationship with your department while others may be current or regular participants. People not involved with your department are viewed as potential participants.

People can also be categorized on the basis of the programs they choose. Some people may gravitate towards programs such as aerobics, yoga, or healthy cooking classes that have a strong emphasis on heart-healthy behavior. Other people may primarily participate in activities that do not have a specific heart-healthy focus. So participants, casual or current, can be categorized as involved either in heart-healthy or nonheart-healthy programs.

It is also important to begin to visualize people based upon their personal or individual understanding of, and relationship to, heart-healthy behavior. This can range from people with almost complete lack of knowledge or interest to people who lead very heart-healthy lifestyles. The stages of change framework will help you envision various target groups on this basis. There are a number of stages of change, including people who resist change all the way up to people who have made lifestyle changes.

Traditional program models have a tendency to focus on people who are currently enrolled or involved in existing programs and services. Since they are right there in front of you, it is easy to assume they are the only targets for programs or services. Since just about everybody has the potential to become involved in leisure or community activities, you can expand your target groups to include those

people who are either not involved or don't appear to be involved in any way with your department. Gear up for your potential participants.

DEFINITION OF TARGET GROUPS ON BASIS OF PARTICIPATION AND RELATIONSHIP

There are plenty of opportunities to increase the range of participants by expanding your view of target groups to include those people who are casual or secondary participants. For instance, people who run in your parks or stop by your community center to attend a civic meeting may be considered casual participants. You also have a large number of secondary participants. Just think of all those parents who come in and out of your center or drive by your facilities either dropping off or picking up their children.

Many adults, among them working parents, are often unable to find or make the time for heart-healthy behavior. This provides you with a unique opportunity to reach these parents who are secondary participants in your programs. Don't overlook this parent-child connection as

a way to distribute information, raise awareness, and even as a way to encourage family participation in physical activity and healthy eating.

People who have some contact with your facility still must pass by bulletin boards or signboards that can include heart-healthy information.

There are three different types of participant groups based upon their relationship with your department: casual, current, and potential. When you look at those three groups on the basis of whether or not they participate in programs that have a heart-healthy focus or not, you create a number of target groups as follows:

- **Casual Participants.** People not formally involved in any specific programs.
- ***Non-Involved.*** Informal or infrequent users; may be secondary participants who know of your programs through participation of children or friends.
- ***Heart-Healthy Independents.*** Frequent users of parks or facilities for regular physical activity but usually on a drop-in or informal basis.



Do you know?

About 20 percent of the people enrolled in your programs probably account for 80 percent of your total participation? This 20/80 rule applies to almost everything, including heart-healthy behavior. For instance:

About 22 percent of American adults report regular, sustained physical activity of any intensity lasting 30 minutes or more 5 times per week. These people are the 20 percent that account for 80 percent of sustained physical activity.

About 25 percent report no leisure-time physical activity.

Sixty percent or more don't achieve the recommended amount of physical activity (30 minutes or more of moderate physical activity at least 3 or 4 days a week).

These are the 80 percent who are not getting adequate physical activity.

Grow your market share. Don't be fooled by the level of heart-healthy behavior you see in front of you. You may have waiting lists for your gymnastics classes and long lines during the late afternoon or early evening hours in your fitness center, but that doesn't mean that you've reached everybody who needs information, support, or assistance. Be sure to target and go after the 80 percent not involved.

- **Current Participants.** People currently participating in programs.
 - *Non-Heart-Healthy Focus.* Involved in a program that doesn't target physical activity or healthy eating.
 - *Heart-Healthy Focus.* Involved in a program that focuses on heart-healthy behavior.
- **Potential Participants.** People not currently involved or possibly not even aware of your programs and services. They may become target groups for information, communication, or programs.

STAGE(S) OF CHANGE CHARACTERISTICS	
Precontemplation (resisting change)	Don't engage in physical activity or eat heart-healthy and have little or no intention of doing so
Contemplation (change on the horizon)	Intend to make change in behavior; length of time in this stage can vary considerably
Preparation (getting ready)	Planning to incorporate physical activity and heart-healthy eating into lifestyle
Action (making change)	Engage in heart-healthy behavior on a regular basis but have been doing so for less than 6 months
Maintenance (staying there)	Continuous engagement in heart-healthy behavior for 6 months or more
Termination (end of change cycle)	Physical activity and healthy eating as a way of life

STAGES OF CHANGE FOR HEART-HEALTHY BEHAVIOR

People have varying levels of information about and involvement in heart-healthy behavior. There may be a writer for the local newspaper who always makes time for physical activity in her day or a board member with a family member who has had a stroke. These people have higher levels of awareness and involvement with heart-healthy issues and behavior than many others do. Other people may not be aware of, or interested in, making lifestyle changes. One way of defining those differences is to use the "stages of change" model.

STAGE(S) OF CHANGE

Not everyone is ready to hear the same messages or to receive them in the same way. Naturally, people differ from one another and there can be a variety of reasons for these variations in motivation or lack of motivation.

The Stage(s) of Change model identifies six different stages as people make changes in their behavior (See Box).

AT-RISK GROUPS

Individuals who are either unaware of heart-healthy behavior or are not interested in involvement in such behavior are at higher risk for CVD. Though essentially everyone is at some risk for CVD, it's important to make sure that these high-risk people are targets for your information and programs.

People who tend to fall into the at-risk group tend to have higher than average levels of overweight or obesity and lower than average levels of physical activity, as well as high blood cholesterol levels, high blood pressure, and high rates of smoking. Lifestyle changes can have a positive impact on all risk factors.

Focused facts



Women in general are less active than men.

People with lower incomes and less education are typically not as physically active as those are with higher incomes and education.

African Americans and Hispanics are generally less physically active than whites.

Adults in the northeastern and southern states tend to be less active than adults in north central and western states.

People with disabilities are less physically active than people without disabilities.

By age 75, one in three men and one in two women engage in no regular physical activity.

The proportion of adolescents from poor households who are overweight is almost twice that of adolescents from middle-and high-income households.

Overweight is especially prevalent among women with lower incomes and less education.

Obesity is more common among African American and Hispanic women than among white women.

Among African Americans, the proportion of women who are obese is 80 percent higher than the proportion of men who are obese; this difference is also seen among Hispanic women and men.

Resources



NHLBI resources designed to reach groups more at risk for CVD include:

For Participants:

Preventing Heart Disease—Eight easy-to-read bilingual booklets (in Spanish and English).

Improving Cardiovascular Health in African Americans—Package of seven easy-to-read booklets.

Controlling High Blood Pressure: A Women's Guide.

Package of four easy-to-read booklets for Native Americans and Alaska Natives from three tribes: Bristol Bay Area, Ponco Tribe, and Pueblo of Laguna

For Your Agency's Use:

Heart-Healthy Home Cooking: African American Style.

Delicious Heart-Healthy Latino Recipes.

Working with Religious Congregations: A Guide for Health Professionals.

From Heart to Heart: A Bilingual Group Discussion Guide.



Take a look at some excerpts as presented in *From Heart to Heart: A Bilingual Group Discussion Guide*.

How To Start a Group Discussion

And Now for the Show!

Follow This Outline:

Welcome and Introduction	5 minutes
Video Presentation	25 minutes
Discussion Series With Questions and Answers	30 minutes
Review	10 minutes
Evaluation	15 minutes
Screenings	Optional

HIGHLIGHTS FROM “FOR THE LOVE OF YOUR HEART” VIDEOTAPE

The video portrays the Gomez family as its members make changes in their eating and physical activity habits after the father, Pablo Gomez, suffers a heart attack. It is intended to show participants that making some changes in habits is possible. An off-camera narrator offers suggestions on adopting healthy lifestyles. Dr. Elmer Huerta appears on camera to explain other steps people can take to lower their risk of heart disease.

Key Messages From “For the Love of Your Heart”

More Latinos in the United States die of heart disease than from any other cause.

Many Latinos believe that heart attacks happen suddenly because of bad news or strong emotions. The truth is that a heart attack is the result of disease that has developed over many years. The disease often starts in childhood or adolescence. Taking steps to prevent heart disease is important.



Countdown Checklist: 1st P—People

GETTING STARTED

- ___ Put together a Hearts N' Parks overview packet consisting of FAQs and other general information to share with potential supporters of the process. Review talking points for your conversations with them.
- ___ Orient your organization's decision-makers to Hearts N' Parks. Secure their input and get their approval.
- ___ Make a list of current partners who might be interested in Hearts N' Parks.
- ___ Brainstorm some partnering possibilities from less traditional organizations.
- ___ Hold a Hearts N' Parks orientation for staff. Recruit volunteers interested in working on the project.
- ___ Set up a joint meeting for potential partners. Send out invitations, Hearts N' Parks information sheets, and the agenda for the first meeting.

MOVING FORWARD

- ___ Meet with program staff to describe the various groups of participants and to identify specific targets. Be sure to discuss the 20/80 rule, at-risk groups, and casual participants.
- ___ Hold a brainstorm meeting for staff to identify ways to move Hearts N' Parks forward.
- ___ Ask staff to select resources for Hearts N' Parks efforts.
- ___ Hold a potential partnering meeting (see 4th P for more specifics in this area).
- ___ Tell staff about Tracking Sheet for Activities (page 82).

KEEPING THE BEAT

- ___ Notify the people in your department about current initiatives and activities of Hearts N' Parks:
 - Give management a written report and verbal update on the project.
 - Make a report at a board or council meeting.
- ___ Don't forget to go back and check out your participant groups and ask yourself if you are targeting the following groups:
 - People in various stages of change.
 - At-risk groups.
 - The 80 percent not involved in heart-healthy behaviors.

OUTLINE OF STAFF

Training & Meetings

1. Orientation to Hearts N' Parks

People Involved: Management, supervisors, support, front-line staff, part-time staff, and volunteers not necessarily at the same session, due to size and time constraints.

Time Allotted: 50 minutes.

Goal(s): Expose department members to this new initiative and solicit their support and involvement, as appropriate.

Materials and Resources: Overheads, FAQ handouts, Hearts N' Parks videotape.

Suggested Agenda:

- Welcome and Expression of Support for Hearts N' Parks: the Department Director (5 minutes).
- Warm-up and Mixer: Ask staff to find someone else in the room who practices the same type of heart-healthy physical activity (10 minutes).
- Overview of Hearts N' Parks: Brief explanation of elements of the initiative, including FAQ handout (7 minutes).
- Show Hearts N' Parks videotape (10 minutes).
- Questions and Comments (7 minutes).
- Volunteer Sign-up (7 minutes).
- Closing: Provide attendees with a fun heart-healthy tip (2 minutes).

2. Creating Focus on Hearts N' Parks

People Involved: Program and front-line staff who deliver the programs and services.

Time Allotted: 75 minutes.

Goals:

1. Acquire greater depth of understanding of Hearts N' Parks.
2. Identify ways in which the department can involve participants in Hearts N' Parks.
3. Create staff understanding of differences among participants.

4. Provide staff with programming information for Hearts N' Parks.

Materials and Resources:

- Reproduce "Stages of Change Characteristics" on page 22, as handout or overhead.
- Reproduce program variations, focus, and strategies and techniques from handout or overhead.
- Reproduce *Check Your Weight and Heart Disease I.Q.* and *Check Your Physical Activity and Heart Disease I.Q.* (see Reproducible Section).
- Optional: Complete packets of copies of reproducibles.

Suggested Topics and Activities:

Hearts N' Parks (30 minutes)

- Overview of 5Ps.
- Individual activity: Complete *Check Your Weight and Heart Disease I.Q.* and *Check Your Physical Activity and Heart Disease I.Q.*
- Explain importance of heart-healthy behavior.
- Questions and answers.

People and Programs (30 minutes)

- Review different types and levels of participants.
- Update on "Stages of Change" model.
- Overview program considerations.

Wrap-Up (15 minutes)

- Questions, comments, etc.
- Review of today's outcomes.
- Set stage for next meeting.
- Announce date and time if possible.
- Ask staff to review programming information and come ready to share ideas.
- Pass out reproducibles (optional).

Frequently Asked Questions



1 What kind of training does my staff require?

First and foremost, make sure that your members are motivated to work with Hearts N' Parks by emphasizing the significant role they can play in improving the lives of those they will be working with. A training session for staff that provides an overview of basic CVD, physical activity, and nutrition information that will be taught to program participants will be helpful. A training session in Arlington, Virginia, was carried out as follows:

- Staff members attended three training sessions. The first, led by representatives from the NHLBI and the NRPA, covered the nuts and bolts of the Hearts N' Parks program. The second, about 2 months later and led by representatives of the Arlington Department of Parks, Recreation and Community Resources (PRCR), focused on cardiovascular disease and the importance of promoting heart-healthy behavior within a recreation setting. PRCR staff had an opportunity to brainstorm activities specific to cardiovascular disease that they could do with their kids.
- During a third session at camp, materials from the Arlington County Parks and Recreation Wellness Lending Library (the WELL) were introduced to all summer day camp staff. The materials contained information and activities for different age groups on many different health topics, including nutrition and physical activity to be used in summer camp.

2 Should I only target people who are at high risk for CVD?

No. Everyone can benefit from learning about heart-healthy behavior, physical activity, and nutrition. Every adult, no matter how apparently healthy, is at some level of risk for CVD. People who are at greater risk will benefit more from Hearts N' Parks than those who are low-risk, but you don't want to exclude potential participants simply because they are low-risk.

